

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12179

-62-048405

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 2 1963

Primary Registration District No.

1003

Registrar's No.

VS 300  
Rev. 4/59

1

2

3

4 0

5 1

6

7 0

8 2

9

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 4347<sup>a</sup> SHAWInside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
4347<sup>a</sup> SHAWReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

SIMON

HART

DEC

17

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

AUG 28 1887

75

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SHOE WORKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

MICHAEL HART

13b. MOTHER'S MAIDEN NAME

Mary Ellen Gallagher

14. NAME OF HUSBAND OR WIFE  
CATHERINE HART15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

CATHERINE HART 4347<sup>a</sup> SHAW18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary artery disease several months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 6, 1961

to 12-17-62

and last saw her alive on 12-14-62

Death occurred at

830 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

DEC 19 1962

CALVARY CEMETERY

ST. LOUIS

MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thomas Nutis 2906 Gravois

DEC 18 1962

Lead Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Eleanor Province*

Licensed Embalmer No.

*3403*

P. O. Address

*2906 Jarrow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. F. H. Province*  
*1-3 Ave*  
*PR 1-6080 Exchange*  
*PR 1-2078*  
*3940 1/2 Lafayette*